

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

			in or each violation is specified in the harrative portion of this				
Establishm	ent Name	اا م	#23373	Telephone Number 8/2-923-/680	Date of In (mm/dd/y		
E 4 1 1 1	2.4.3.3	-	mber and street, city, state, zip code) 2 He Cfr N. Floyds Knubs, 1N4719	1	1-13	-20 308	
				Purpose:	Follow-u		
<u></u>	M SM	416	1 / Clinton M. Smith	1. Routine	NO	Todays	
Owner's A	ddress			2. Follow-up Summary of Violation			
Person in C	harge			3. Complaint	co NC 2 R 1		
Bre	# Ga	<u> </u>	y Steven Reynolds	4. Pre-Operational 5. Temporary		_ NC R	
Responsible	e Person's I	E-mai	il	6. HACCP	Menu Ty	ype (See back of page)	
Certified F	ood Manag	er		7. Other (list)	1 2	2 $\sqrt{3}$ 4 5	
	9	$C_{\ell}$	rite Reynolds 2-21-22				
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative Narrative			To Be Corrected By	
324						3 days	
			to be running when no	it in use.			
		7	Osserved leak from 105	by dribk		5 days	
			through drain.	·		<u> </u>	
392	392 NC Obscioued no drain plug in dumpster. 10 days						
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Received by	Received by (name and title printed):  Inspected by (name and title printed):						
Steven Reynolds Thomas Smitter, EHS							
Received by (signature):  Inspected by (signature):							
	12/	(a)		Ground	محدي		
cc:			ce;		ee:		